



By enrolling in one of the Albuquerque Public Schools medical plans, you are automatically covered under the prescription medication program administered through Express Scripts. This program offers benefits through participating retail pharmacies, Express Scripts home delivery pharmacy and Accredo specialty pharmacy.

If you need a long-term medication, you are allowed two fills at an in-network retail pharmacy before you must move your prescription to either Express Scripts home delivery pharmacy or a Walgreens retail pharmacy for a 90-day supply. To locate a Walgreens pharmacy that participates in filling a 90-day supply, log in to Express-Scripts.com and select “Find a Pharmacy” from the top menu under “Prescriptions”. Express Scripts home delivery pharmacy will deliver a 90-day supply right to you – and **standard shipping is free**. Your doctor can send your prescription electronically or via fax to **800.837.0959**.

To learn more about your benefits, log in to **Express-Scripts.com** and select “Benefits Overview” from the “Benefits” menu at the top of the homepage.

With Express Scripts, you’ll have access to:

Convenient home delivery services. You’ll be able to have up to a 90-day supply of long-term medication delivered directly to you for one mail-order copayment. Long-term medications are those taken to treat an ongoing condition, such as high blood pressure, high cholesterol, or diabetes.

A large network of participating retail pharmacies. To find a participating pharmacy, visit **Express-Scripts.com**, or call Member Services toll-free at **866.563.9297**.

Helpful resources on Express-Scripts.com and through the Express Scripts mobile app. You can order home delivery refills, check order status, compare medication costs, request order forms and envelopes, and access useful health and benefit information.

Express Scripts Member Services representatives. Representatives are available 24 hours a day, 7 days a week (except Thanksgiving and Christmas), to assist with questions about your benefits or orders.

Medication Types	Copayments/Coinsurance		
	Participating Retail Pharmacy		Home Delivery & Walgreens
	<u>Percent</u>	<u>Min.</u>	<u>Max.</u>
Generic Medication	20%	\$10	\$25
Preferred Brand Formulary Medication	30%	\$35	\$65
Non-Preferred Brand Medication	40%	\$70	\$140
Days Supply:	<i>Up to 34 consecutive days supply</i>		<i>Up to 90 consecutive days supply</i>
If you fill a prescription for a brand-name medication when a generic equivalent is available, you will pay the applicable copayment/ coinsurance, plus the difference in cost between the brand and the generic. The difference in cost will apply toward the out-of-pocket maximum.			
Insulin and diabetic supplies	\$0 copayment		

<p>Specialty Medications: All Specialty Medications must be filled through Accredo. Exceptions may apply for medications requiring an immediate fill.</p> <p>APS has partnered with SaveonSP to provide a specialty pharmacy copay assistance program. A select group of specialty medications in 13 therapy classes are part of the SaveonSP program. See more information on the third page of this Summary of Benefits.</p>	<p>Specialty Medications must be filled through Accredo. You will pay the entire cost of the prescription if you use any pharmacy other than Accredo pharmacy services.</p>	<p>Copayments for specialty medications filled through Accredo: \$70 for generic specialty medications \$100 for preferred brand specialty medications \$150 for non-preferred brand specialty medications</p> <p>Copayments for the select group of specialty medications that fall under the SaveonSP program may be set to the maximum of the current plan design (\$150) or the amount of any available manufacturer-funded copay assistance amount.</p> <p>APS members who qualify for and enroll in the SaveonSP program will have their select specialty medications covered at 100% (no cost to the enrolled member).</p> <p>APS members who qualify for, but decline, to sign up with the SaveonSP program will pay the prescription drug copayment amount stated on the SaveonSP program drug list which can be found at www.saveonsp.com/aps.</p>
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Out-Of-Pocket: Once you've reached your annual out-of-pocket maximum of \$3,000 employee only/\$4,000 employee + 1 or employee + family coverage, your plan pays 100% of prescription medication expenses for the remainder of the benefit year. (The out-of-pocket maximum applies to total retail, home delivery and specialty medications. There is no separate out-of-pocket maximum for specialty medications.)

Specialty medications are not one of the ten Essential Health Benefits under the Affordable Care Act (ACA) and are therefore considered non-essential health benefits. As non-essential health benefits, the cost of specialty drugs that are part of the SaveonSP program will not apply towards satisfying the member's out-of-pocket maximum on the prescription drug plan, nor will they apply towards the out-of-pocket maximum on the member's medical plan. (Although the cost of the drugs under the SaveonSP program will not apply towards the member's out-of-pocket maximum, for APS members who qualify for and enroll in this program, the cost of these drugs will be reimbursed by the manufacturer and result in no cost to the member.)

Diabetic Supplies: Insulin, insulin syringes with needles, alcohol swabs, blood testing strips, glucose/ketone testing strips, ketone tablets, lancets, lancet devices and diabetic monitors **require a written prescription** from a doctor to be covered under the prescription plan.

Smoking Cessation: APS is covering these products at a \$0 copayment.

Medications Requiring Coverage Review (Prior Authorization): Express Scripts must review prescriptions for certain medications with your doctor before they can be filled under your plan, since more information than appears on a prescription is necessary. The review uses plan rules based on FDA-approved prescribing and safety information, clinical guidelines, and uses that are considered reasonable, safe, and effective. You or your doctor can request a coverage review (prior authorization) by calling Express Scripts at 800.753.2851. If you need to know whether your prescription will require a coverage review (prior authorization), visit **Express-Scripts.com** and select "Price a Medication" from the top menu under "Prescriptions" to search for a specific medication and view coverage notes or call Member Services at **866.563.9297**.

Quantity Management: To promote safe and effective medication therapy, certain covered medications may have quantity restrictions. These quantity restrictions are based on manufacturer or clinically approved guidelines and are subject to periodic review and change.

Opioid (pain medication) Management: APS is committed to offering you high-quality, affordable healthcare. In support of this goal, we're working in partnership with Express Scripts to limit the potential risks associated with prescription opioids. Opioids can be very effective for managing pain but are also very powerful. They can also cause a number of side effects and, in some patients, can lead to dependency.

A service through Express Scripts is designed to help make good decisions about taking opioid medications. APS members who are prescribed an opioid medication will be contacted by Express Scripts by mail or phone to offer assistance and tips that we hope will help maintain healthy habits in taking medication as prescribed. Steps have also been put in place to ensure patients are receiving the appropriate opioid prescription. Please visit Express-Scripts.com or call Member Services at 866.563.9297 to help answer questions related to drug coverage and pricing.

Specialty Medications—Get individualized service through Accredo: Specialty medications are used to treat complex conditions, such as cancer, growth hormone deficiency, hemophilia, hepatitis C, immune deficiency, multiple sclerosis, and rheumatoid arthritis. You are allowed *up to a 30-day supply* of a specialty medication.

Specialty Medications must be filled through Accredo. **You will pay the entire cost if you use any pharmacy other than Accredo pharmacy services.** Exceptions may apply for medications requiring an immediate fill. Accredo, an Express Scripts specialty pharmacy, is composed of therapy-specific teams that provide an enhanced level of individual service to patients with special therapy needs. Counseling, scheduled delivery, and safety checks are just a few of the services that Accredo provides.

APS has partnered with SaveonSP to provide a specialty pharmacy copay assistance program. A select group of approximately 80 specialty medications in 13 therapy classes are part of the SaveonSP program. Employees and their family members who are taking one of the specialty drugs that are part of this program will be contacted by SaveonSP to explain the program and assist with enrollment into the program. If a member has not spoken to SaveonSP and attempts to fill one of the select specialty medications, an Accredo representative will make outreach to the patient prior to processing the prescription and assist with enrollment into the program by transferring the member to SaveonSP. The specialty medications that are part of the SaveonSP program must be filled through Accredo.

For APS members who qualify for and enroll in the SaveonSP program, the cost of this select group of specialty drugs will be reimbursed by the manufacturer and result in no cost to the member. APS members who qualify for, but decline to sign up for, the SaveonSP program, will pay the prescription drug copayment amount stated on the SaveonSP program drug list, which will represent a significant cost to you. You are encouraged to enroll if you or a family member qualify for the SaveonSP program.

Please refer to the chart above to determine your copayment for generic, preferred, and non-preferred specialty drugs, and for important information about the select group of specialty drugs that are part of the SaveonSP copay assistance program. Copayments for specialty drugs do not apply at a retail pharmacy; specialty medications must be filled through Accredo. Specialty medications apply to the annual out-of-pocket maximum, with the exception of the specialty drugs that are part of the SaveonSP copay assistance program. See more information on the second page of this Summary of Benefits under "Out-of-Pocket".

If you are taking one of the following specialty medications, please contact Member Services immediately to make sure that there is no interruption in your therapy—*Letairis*®, *Promacta*®, *Revlimid*®, *Sabril*®, *Thalomid*®, *Tysabri*®, *Xenaxine*®, *Xiaflex*®.

Formulary: Albuquerque Public School's prescription-drug plan will use a formulary (or list of medications). The formulary encourages you to use generics. It's one way that Albuquerque Public School is working to make prescription drugs more affordable. If your generic or brand-name medication is on the formulary list, you'll pay the applicable copayment. However if your brand-name medication isn't on the list and you decide to keep taking it, you'll pay more for this medication.

There are a few changes to the formulary effective January 1, 2021. Learn more on the Express Scripts website.

Step Therapy Program: Your plan uses a coverage tool called step therapy, which requires you first to try one or more specified medications to treat a particular condition before your plan will cover another (usually more expensive) medication prescribed by your doctor. Step therapy is intended to reduce costs to you and your plan by encouraging the use of less expensive medications that may effectively treat your condition. If your doctor believes that you should use a certain medication that requires a coverage review, you or your doctor can request such a review by calling Express Scripts at 800.753.2851. To see which medications are affected by step therapy, visit Express-Scripts.com and select "Price a Medication" from the top menu under "Prescriptions" to search for a specific medication and view coverage notes or call Member Services at **866.563.9297**.

Immunization: Certain vaccines are covered at a \$0 copayment under your prescription medication plan when administered by a certified retail pharmacist. These vaccines include DPT, MMR, tetanus/diphtheria, HPV, hepatitis A and B, shingles, meningococcal, varicella (chicken pox), influenza (flu), and pneumonia. To locate a certified pharmacist, please call Member Services at **866.563.9297**.

Breast Cancer Prevention: Tamoxifen and Raloxifene are medications used to treat breast cancer and are also used for breast cancer prevention. For breast cancer prevention there is a \$0 copayment for Tamoxifen or Raloxifene for women 35 years or older without prior diagnosis of breast cancer, ductal or lobular carcinoma in situ (DCIS; LCIS), who are at increased risk for breast cancer and at low risk for adverse drug effects. To receive these medications for \$0 copay, your physician must contact Express Scripts at **888.327.9791** to request a physician copayment review.

Contraceptive Coverage: The Patient Protection and Affordable Care Act (PPACA) preventive items and services mandate includes coverage requirements concerning contraceptive agents for persons less than 51 years of age. All contraceptive agents (which include all required methods of contraception) are included for \$0 cost share, including generic legend and over-the-counter preparations. Coverage is also available for branded products as requested by a physician. Starting January 1, 2020 contraceptive drugs may be filled for up to a 6-month supply.

Cardiovascular Disease (CVD) Prevention: As recommended by the United States Preventive Services Task Force (USPSTF), adults 40-75 years old without a history of CVD should use a low to moderate dose statin for the prevention of cardiovascular events when:

- They have 1 or more CVD risk factor (i.e. dyslipidemia, diabetes, hypertension, or smoking) and
- A calculated 10 year CVD event risk of 10% or greater

For CVD Prevention there is a \$0 copayment on low/moderate dose generic medications (i.e. Atorvastatin 10-20 mg, Rosuvastatin 5-10 mg, Simvastatin 5-40 mg). Copay Review is available for patients who do not have a risk factor drug in their medication claims history.